

JAN. 29. 2002 3:43PM

ARENT FOX DC3

NO. 2319 P. 1/4



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FACSIMILE TRANSMITTAL COVER SHEET

Date: January 29, 2002

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Patent Examiner

Fax Number:

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Attorney Number: 1567 **Client/Matter Number:** 108129-08004

Hard Copy Sent: No

Comments: U.S. Patent Application Ser. No.: 09/125,114
By: PRICE
Your Ref.: P559/EJS/TLW
Our Ref.: 108129-08004

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

PRICE

Group Art Unit: 1615

Application No.: 09/125,114

Examiner: Berman, A.

Filed: August 18, 1998

Attorney Dkt. No.: 108129-08004

For: DOSAGE FORM OF IBUPROFEN

CERTIFICATION OF FACSIMILE FILING

Commissioner of Patents
Washington, D.C. 20231

January 29, 2002

Dear Sir:

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown above and an original, having an original signature, is retained by sender as evidence of the content of the facsimile transmission.


Tanja Dillingham, Patent Secretary

Atty Docket No. 108129-08004

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NO. 2319 P. 3/4

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SUPPLEMENTAL RESPONSE

Commissioner for Patents
Washington, D.C. 20231

Date: January 29, 2002

Sir:

Further to Applicant's December 14, 2001 Amendment, Applicant confirms the election of the claims of Group I and repeats the request for rejoinder of non-elected claims 11-15, 20-25 and 32-37 to the elected Group I. As Applicant discussed in the December 14, 2001 Amendment, the claims were amended so that they relate to a single invention. Claim 11 was amended so that it is dependent on claim 3 and claim 20 was amended so that it is dependent on claim 1. In other words, claims 11 and 20 and their dependent claims are limited to methods and processes for producing the dosage forms of the present invention.

Applicant respectfully submits that this application is in condition for allowance and such action is earnestly solicited. If the Examiner believes that anything further is desirable in order to place this application in even better condition for allowance, the Examiner is invited to contact Applicant's undersigned representative at the telephone

number listed below to schedule a personal or telephone interview to discuss any remaining issues. Please charge any fee deficiency or credit any overpayment to Deposit Account No. 01-2300.

Respectfully submitted,



Robert K. Carpenter
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